

Employment Verification

THIS SECTION TO BE COMPLETED BY APPLICANT

To: (Name & address of employer)

Date: _____

Re: _____
Applicant Name

Social Security #

I hereby authorize release of my employment information.

Signature of Applicant

Date

The individual named directly above is an applicant of a housing assistance program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

WCHC/City of Reno Representative

Return Form To:

Jodi Royal-Goodwin
Community Reinvestment Manager
City of Reno
PO Box 1900
Reno, NV 89505
Ph: 775-334-2305 Fax: 334-3815

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes____ Date First Employed _____ No____ Last Date of Employment _____

Current Wages/Salary: \$_____ (circle one) hourly weekly bi-weekly semi-monthly yearly other_____

Average # of regular hours per week: _____ Year-to-date earnings: \$_____ through ____/____/____

Overtime Rate: \$_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____

Commission, bonus, tips, etc: \$_____ (circle one) hourly weekly bi-weekly semi-monthly yearly other_____

Anticipated change in employee's rate of pay within the next 12 months: _____; effective date_____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Employer's Signature

Printed Name

Employer Title

Date

Employer (Company) Name & Address

Phone #

Fax #

E-Mail